advanced by the speaker in several editions of his book, these terms merely represented an inability to form healthy blood corpuscles—in other words, a feeble vaso motor.

He had been struck by the original observation of Mr. Wingrave, the truth of which would be at once recognized—as to the disappearance of all tonsillar and glandular tissues in the disease under consideration. This, taker in connection with the circumstance that in a certain proportion of cases there was thyroid enlargement, materially strengthened the opinion that inherent vaso-motor debility was at the root of the disease The experience of the writer of the paper, that there was a ponderable proportion of cases which occurred at the onset of menstruation, was not in accord with the speaker's, or at least the circumstance was misinterpreted: for, on the contrary, in the majority of the cases the menstrual epoch was inordinately delayed, and that might be the reason that the symptoms were most intense at the period of puberty, in other words, when the turbinals should be at full development. As time went on, the symptoms, especially that of fœtor, were intensified. A far larger number of cases occurred in early childhood than Mr. Wingrave's tables showed, and the discrepancy was probably due to the fact that the patients came earlier under notice in private practice, whilst those now under consideration were all hospital cases.

With regard to the relation of atrophic to hypertrophic rhinitis, the speaker could not agree with the views of Dr. Woakes, that the former state often preceded the latter; and on this point, Bosworth, who held that atrophic never followed hypertrophic rhinitis, was probably as much in error as Morell Mackenzie and Nolan Mackenzie, who, in agreement with Dr. Woakes, favored the opposite sequence.

It is quite true [illegible] form of atrophic rhinitis which [illegible] hypertrophic rhinitis [illegible] may even [illegible] opposite nostril, but this [illegible] under consideration. It is, [illegible] hyper-trophic [illegible] turbinal [illegible] at mature growth, and [illegible] that arrested development [illegible] is the [illegible] The speaker was of opinion that syphilis was only an exceptional factor in the causation of the disease.

Finally, Mr. Wingrave had alluded to the specific fevers as rare excitants of atrophic rhinitis. The speaker had seen one case in which, after an attack of typhoid fever, marked improvement resulted, an exceptional experience not without parallel in connection with disease in other regions of the body.

Mr. LODGE, jun., said he was personally indebted to the author for his very admirable paper, the anticipation of which was one of the principal reasons that had led him to come from Bradford. None of them could dispute the author's histological description, because the sections were there under the microscope for all to examine and control. The histological details might, he thought, be accepted as correct. For people in his own position, however, the great difficulty was as to treatment, and he would like to have an expression of opinion from the meeting as to the best method of treatment, especially as the author had omitted to deal with this important division of his subject at the length it deserved. He had had a case during the last six months, in which he had tried everything he knew of or that he had read about, but the patient did not get any better. He had tried touching the ozænic spots with trichloracetic acid, galvano-cautery, Gottstein's plugs, and the usual antiseptic douches. No bare bone, such as Dr. Woakes described, was found in any of his cases. It was a typical case of atrophic rhinitis. He had tried curetting, because in the *Universal Medical Annual* of last year the disease was attributed to a microbial affection of the glandular elements. This certainly seemed to do more good than anything else. The author said that he had found no evidence of the pharyngeal tonsil remaining. [illegible] In another case of his own one could see the remains of the pharyngeal tonsil; it was on the posterior wall with granulation tissue upon it, and he removed it by curetting with Gottstein's curette, apparently to the great benefit of the atrophic rhinitis.

Mr. M[illegible] said there appeared to be four theories advanced: (1) A special diathesis, (2) micro-organisms, (3) vaso-motor changes, and (4) [illegible]. He did not believe there was a special diathesis. He had seen, in a family of children brought up under precisely similar conditions, one